Jennifer L. Rockett, Ph.D.
Licensed Clinical and Forensic Psychologist
P.O. Box .O. Box 9726
College Station, Texas 77842
drjenniferrockett@gmail.com
drrockett.weebly.com
Phone: 979-450-5320

Practice Information and Consent for Psychological Services

Thank you for taking an interest in my practice. This document has been prepared to provide you with important information regarding my services and business policies. Please read this document carefully. Please keep this document for your records. Prior to beginning services, we will review this document and I will ask you to sign the last page indicating that you have read and understand the information and consent to receive treatment and/or assessment services.

MY QUALIFICATIONS

I am a Licensed Psychologist in the State of Texas. I completed my undergraduate work at the University of Buffalo, the State University of New York. I received my doctorate in Clinical Psychology (forensic emphasis) from Sam Houston State University in Huntsville, Texas. My predoctoral internship was in Adult and Child Psychology at Baylor College of Medicine, the Menninger Department of Psychiatry and Behavioral Sciences in Houston, Texas. My postdoctoral work was completed at Scott & White Clinic in College Station, Texas. I have had a variety of experiences in forensic assessment and in the treatment and assessment of children, adolescents, and adults struggling with a variety of behavioral and mental health issues.

OVERVIEW OF SERVICES OFFERED

Psychotherapy

Psychotherapy is the treatment of behavioral, emotional, personality, and psychiatric disorders that is based on verbal and non-verbal communications and interventions rather than on the use of chemicals to treat these concerns. There are many forms of psychotherapy, and as a Licensed Psychologist, I have been trained in a broad range of these forms. I will use this broad training to our advantage. One thing that each form holds in common is the active participation of the client in their own treatment. Thus, in order for the therapy to be most successful, you will oftentimes need to work on things at home that we discuss in session.

I strongly believe that there is no “one size fits all approach” to psychotherapy. The ultimate goal is to help my client resolve the specific issues that brought them to therapy. The specific approach to treatment will be outlined on your treatment plan and we will review this prior to and during our sessions together (revising the plan as you make progress). Psychologists are not medical doctors and **do not** prescribe medication. However, at times, a particular treatment may call for a medication consultation with your primary care Physician or a Psychiatrist.

Psychotherapy has risks and benefits. Therapy often involves discussing unpleasant aspects of your life and as such you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. Psychotherapy, however, has many benefits such as better relationships, discovering solutions to problems, and the reduction of destructive and distressing emotions. But there are no guarantees of what you will experience.

If at any time you have questions about the process, my services, or if you are dissatisfied in any way, please let me know.

Psychological Assessment
The goal of psychological assessment is to answer questions regarding intellectual, academic, social and/or emotional functioning. Obtaining answers to these questions generally involves standardized testing, informal testing, interviewing, completing questionnaires, observing behavior, and reviewing previous treatment and assessment records, when available. When I evaluate a child or adolescent, I often meet (or talk via telephone) with teachers, and at times, I will attend the school session to observe the child's behavior. Results of a psychological assessment are presented in a report and are also provided in a verbal feedback session. Both the written and verbal feedback will include recommendations and when necessary, referrals for additional services.

Just like psychotherapy, psychological assessment has its risks and benefits. During the assessment process, it is possible to feel discomfort and anxiety about the testing. The benefits of completing a psychological assessment include obtaining detailed information regarding strengths and weaknesses in the areas assessed (e.g., intellect, academic functioning, emotional and behavioral functioning)

Psychotherapy or Psychological Assessment with Children and Adolescents of Divorced (or separated) Parents
Prior to meeting with any child, I require a meeting with both parents/all guardians of the child. In cases of divorce, I require a copy of the divorce and custody agreement. In the event of divorce, it is my policy that you provide me with a copy of the part of your divorce decree which pertains to custody of the minor child, and right to consent for medical/psychological services before I can provide services. If such documentation is not available, I will need the consent of both parents to proceed in providing services to a minor.

Forensic Evaluation and Treatment Services
While my doctorate is in Clinical Psychology, I have specialized training in Forensic Psychology. This training permits me to conduct a wide variety of adult and juvenile court-ordered or attorney sought evaluations such as: competency/fitness to proceed, mental status (sanity)/responsibility, violence risk, sex offender risk, waiver, and general mental health and personality functioning. In addition to evaluation services, I am also able to provide court-ordered treatment. It should be noted, however, that I am unable to provide sexual problem behavior treatment, as I do not currently have the specialized licensed to do so. If you are seeking forensic services, I will provide you with additional information. Please note that the fees associated with these services and rules regarding confidentiality are different.

OUR PROFESSIONAL RELATIONSHIP

As a professional, I will use my knowledge and skills to help you as best I can. This includes the standards of the American Psychological Association (APA) and the Texas State Board of Examiners. In your best interests, these entities put limits on the relationship between

psychologist and patient, and I will abide by these boundaries. I explain these limits in greater detail here so that you do not feel that they are personal responses to you.

First, I am licensed to practice clinical psychology, not law, medicine, financial planning, or any other profession. Thus, I am not able to give you appropriate and qualified advice from these other professional viewpoints. Second, State law and the rules of the APA require me to keep what you tell me confidential (private). You can trust me not to tell anyone what you tell me, except in limited situations (described below in the *Confidentiality* section). I make every effort to avoid outing you as one of my patients. Thus, if we meet in the mall, on the street, or in another social setting, I will not approach you or initiate contact unless you initiate contact first. Moreover, even if you initiate contact, I may limit any contact initiated by you. My behavior is not intended to be a personal reaction to you; rather, my behavior is intended to protect your confidentiality.

CONFIDENTIALITY

For the adult client, the information that is provided during therapy or assessment services is confidential (unless it is a forensic evaluation). This means that I cannot discuss you or anything identifiable about your situation with anyone other than to those persons authorized by you or if needed to collect for non-payment of fees. Moreover, you should be aware that I might employ administrative staff in the future. If this occurs, I will need to share protected information with these individuals for administrative purposes, such as scheduling, handling payments, and processing insurance claims. All staff members will be given training about protecting your privacy and will have agreed not to release any information outside of the practice without my explicit direction.

There are several exceptions to confidentiality mandated by Texas State law:

1. If I have cause to believe a child, disabled person, or an elderly person has been or will be abused or neglected, I am legally required to report this to the authorities.
2. If you make a serious threat of self-harm or harm towards others, the law allows me to try to protect you or the person you intend to harm. This usually means telling others about the threat and helping you seek appropriate help.
3. If you inform me that another mental health professional has been sexually inappropriate with you, I am required to notify the Texas state board.
4. If I am subpoenaed to appear in court and provide testimony regarding my knowledge and experience of you, I shall assert privilege on your behalf. Nevertheless, if I am court ordered to testify, I shall testify truthfully and honestly to whatever I think or believe about you.

Confidentiality and the Adolescent Client

If the client is a child, the parent(s) or legal guardian(s) have completed access to the record and hold the privilege of confidentiality. However, it is my policy that except for the situations such as those mentioned above (exceptions to confidentiality), I will not tell parents or guardians specific things that adolescents share with me in our private therapy sessions. This includes activities and behavior that the parent or guardian would not approve of – or would be upset by –

but that do not put the youth at risk of serious and immediate harm. If, however, the adolescent's risk-taking behavior becomes more serious, then I will use my professional judgment to decide when they are in serious and immediate danger of being harmed.

Example: If an adolescent tells me that he/she has tried alcohol at a few parties, I would keep this information confidential. If the adolescent tells me that he/she is drinking and driving or that he/she has been a passenger in a car with a driver who is drunk, I would not keep this information confidential from the parent/guardian. If the adolescent tells me, or if I believe based on the information told to me, that he/she is addicted to alcohol, I would not keep this information confidential.

Example: If an adolescent tells me that he/she is having protected sex with a boyfriend or girlfriend, I would keep this information confidential. If however, he/she tells me that on several occasions, he/she has engaged in unprotected sex with people he/she does not know or in unsafe situations, I will not keep this information confidential.

Even if I have agreed to keep information confidential, I may believe that it is important for parents/guardians to know what is going on with the adolescent. In these situations, I will encourage the youth to tell his/her parents with my guidance and support. Further, when meeting with parents/guardians, I may sometimes describe the youth's problems in general terms, without using specifics, in order to help parents/guardians know how to be more helpful to the youth.

RECORDS

I keep records of payment and of services rendered. Each of my client's will also have a record of their treatment in the form of a progress notes and treatment plans. Your record may also contain the results of any assessment of you I complete. These records (including billing) are maintained on a practice management system called Therasoft. If another professional or anyone else needs to see your records, I will discuss it with you in advance of disclosure. If you agree to share your private information, you will need to sign an *Authorization to Release Information* form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits.

State law also requires me to keep your records for 10 years after the last date of service or 10 years after the age of majority for minors. Until then, your records will be maintained on Therasoft. If I must discontinue our relationship because of illness, disability, or premature death, I ask you to agree to my transferring your records to another appropriate clinician or professional organization who will assure confidentiality, preservation, and appropriate access.

Under Texas State law, a child's parents/legal guardians have the right to examine and have a copy of the child's records (unless the child is emancipated). It is extremely rare, however, that a parent/guardian would ever request access to these records. In general, you may review your records in my files at any time. There are some limitations regarding raw testing data, but for the most part, you have access to your information. You may add to this information or correct this information, and you may have copies of the records. I reserve the right to refuse to alter the

records in any way. I reserve the right to charge a nominal fee for making copies of your records (i.e., .40 cents per page).

APPOINTMENTS

I see clients by appointment only. Our first appointment together will be an *intake session*. This initial session typically lasts 90 minutes. During this session, we explore the reasons bringing you in for services and determine how your needs can best be addressed. In some cases it may take an additional session to accurately assess your needs and make appropriate recommendations for treatment. After I assess your needs, we will develop a plan of treatment. I believe that clients should have an active role in developing their treatment plans. Each session thereafter will be between 45 and 50 minutes. The remainder of the hour is used to chart notes, complete paperwork, make calls, etc. If you are participating in a psychological assessment of some kind, session length will vary – this will be discussed further during the planning phase of the assessment process.

If the client is a child or adolescent, a responsible parent or adult must be present for the entire session. Please try to make other arrangements for siblings of minor clients. Parents are often a part of sessions and it is more beneficial if a parent's attention is not divided from the therapy session. This office does not assume any liability for unattended patients or guests.
If your child is the client or you and one of your children is participating in Parent-Child Interaction Therapy, I require that other arrangements be made for siblings.

I value time commitments and plan to begin and terminate your sessions on time whenever possible. This policy helps you meet your other obligations and helps me to keep on my schedule. However, I sometimes run late due to emergencies, or other client care matters. I ask your patience and assistance during these times. If this ever becomes a problem for you, please talk with me about scheduling sessions at a more advantageous time. Please note when we make an appointment, I hold that time for you specifically. Thus, if you are unable to keep the appointment, I **require at least 24 hours advance notice**. Providing less than 24 hours notice of cancellation will result in being charged the cost of the missed session (see fee schedule below). Though I do not anticipate this happening, if I should ever miss an appointment without notifying you, I will make up the session with you free of charge.

If you are less than 10 minutes late for your scheduled appointment you will be seen for the remainder of the scheduled appointment. Unfortunately there are times when I may be running late in my schedule due to therapeutic issues arising in sessions; in such cases, you will receive your full 45 minute scheduled appointment. If you are more than 10 minutes late for your appointment, the appointment will cancel automatically and you will be charged the session fee. If missing appointments or arriving late to appointments becomes a chronic problem, I may no longer be able to work with you. This would become a therapeutic issue and would need to be discussed. If treatment is terminated appropriate referral sources can be provided at client request.

As noted above, there may be an occasion when I am involved in forensic work that requires my attendance at court to provide testimony. Usually I know ahead of time that I may be required to

testify, but there may be times when I am called to testify without much notice. In situations such as this, I will try to give you advance notice that I am on call for court and/or reschedule your appointment. To best do so, I require that you provide me with current telephone numbers and to update me when these change as necessary.

FEES

My current fee schedule is presented below. The specific costs associated with therapy or assessment will be specified at the beginning of treatment and will be notated on the consent form. A free 15 minute phone consultation is offered free of charge. Collection of fees (cash, check, or credit card) will be at the start of the session. There is a **40.00 returned check fee**. At this time, I am unable to accept insurance, though you may still seek reimbursement from your insurance company on your own. I can provide you with a monthly billing summary of your sessions for reimbursement. I may occasionally find it necessary to increase my fees due to inflation. If this occurs during your treatment, you will be given one month's notice.

Service/Event		**Fee**
Initial Phone Consultation		Free
Initial Intake Session - Adult		$165.00
Initial Intake Session - Child		$165.00
Individual Therapy Session - Child		$125.00
Individual Therapy - Adult		$125.00
Family Therapy (or Parent-Child Interaction Therapy)		$140.00
Phone calls lasting longer than 10 minutes		$25.00 for every 10 minutes over the 1st 10.
Phone Consultation Services		$40.00/hour (or call if shorter than one hour)
In-person Consultation Services		$40.00/hour (minimum of one hour)
Missed Appointment/Late cancellation		Full-session Fee
Assessment (non-forensic)		Starting at 150.00 per hour (including testing time, report writing time, and feedback)
Forensic Evaluations, Expert Witness Testimony, Trainings/Workshops		*See specific fee schedule
Photocopy fee		.40 per page of record

INSURANCE

At this time, my payment policy is fee-for-service. I do not accept payment directly from insurance companies. Nevertheless, a portion of the cost of my services may be reimbursable through your plan, and I will provide you with a monthly statement that you may submit to your insurance to obtain out-of-network reimbursement. Please be aware that insurance companies require a formal diagnosis with their claims. Furthermore, please note that confidential information may be required by your health insurance carrier to process the claims. If you so

instruct, only the minimum necessary information will be communicated to the carrier. Unless authorized by you explicitly, the psychotherapy notes will not be disclosed to your insurance carrier. Be aware that submitting a claim for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain some health or life insurance. The risk stems from the fact that mental health information is entered into insurance companies' databases for long-term storage and access.

COMMUNICATIONS (PHONE AND EMAIL)

Regarding emails, I cannot guarantee the confidentiality of such communication. Thus, I do not respond to emails containing therapy related issues. You may telephone me at 979-450-5320 or email me at drjenniferrockett@gmail.com. Due to my work schedule, however, I am often not immediately available to receive calls. My phone will be answered by voice mail, however. I check this periodically during the day. When you leave a message, be brief (as I cannot guarantee a secure line). While I strive to promptly return calls, there can be unavoidable delays. Thus, if your schedule makes it difficult to reach you, please leave me some times when you might be available. If you find yourself in an emergency situation, please call 911 or go to your nearest hospital. If you are unable to keep yourself safe, do not wait for me to return your call.

While I generally find that most concerns can be discussed during the therapy session and do not require extensive phone and/or email conversations. Please see the fee schedule above for information regarding charges for phone calls over 10 minutes and phone consultation services.

I will make every attempt to inform you in advance of any planned absences. In the event that I must be unavailable for an extended period of time, I will provide you with the name of a colleague to contact, if necessary.

TERMINATION

People engaged in therapy can expect the duration to be from three months to a year, either weekly or bi-monthly. Termination of the therapy relationship will typically be mutually agreed upon. However, you are free to terminate services at any time. While you are not obligated to see me for any specified number of sessions, it is important that you provide me with at least one session's notice so that we can end our therapy relationship in a healthy manner. This is especially important when I am engaged in therapy with children and adolescents, as the abrupt ending of this relationship may cause distress.

There may be reason for me to want to end the therapy relationship, even though you wish to continue. The reasons I may terminate a therapy relationship would include a failure to meet the terms of our fee agreement, a need for services outside of my area of competence, or a failure to make progress on treatment goals. Should any of these situations arise, the reason for termination will be discussed with you and I will assist you in making alternative plans for care, including providing you with referrals to more appropriate resources.

INFORMED CONSENT FOR PSYCHOLOGICAL SERVICES

I ________________________ (print name) have read and I understand the information presented in the document entitled "Practice Information and Consent for Services" and consent to receive treatment and/or diagnostic services from Dr. Jennifer Rockett. Furthermore, I agree to abide by the rules and policies described in the Practice Information and Consent for Psychological Services document.

Client/Guardian Signature: ______________________________ Date: _____________________

Witness: ____ Date: _____________________

INFORMED CONSENT FOR PSYCHOLGOCIAL SERVICES – CHILD/ADOLESCENT

I ________________________ (print name) have read and I understand the information presented in the document entitled "Practice Information and Consent for Services" and authorize Dr. Jennifer Rockett to provide treatment and/or diagnostic services to my minor child, ________________ (name of child). Furthermore, I agree to abide by the rules and policies described in the Practice Information and Consent for Psychological Services document.

Parent/Guardian Signature: _______________________________ Date: _____________________

Parent/Guardian Signature: _______________________________ Date: _____________________

Witness: ____ Date: _____________________

CHILD/ADOLESCENT ASSENT FOR PSYCHOLOGICAL SERVICES

I understand that my parent or guardian may consent for my treatment. I understand that I have also been asked to give my assent for my own treatment. By signing below, I realize that Dr. Jennifer Rockett has asked me for my permission to provide psychological services.

Minor's Signature: ___________________________________ Date: ____________________

Witness: ____ Date: ____________________